

Provider Inspection Summary

For the period 05/01/2003 to 04/30/2006
Residential Care Apartment Complex
REGISTERED

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: MEADOW WOOD ASSISTED LIVING (0010258)

Address: 2904 EAST AVENUE SOUTH, LA CROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 11/24/1998

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0093041 **End Date:** 07/22/2004 **Type:** ABBREVIATED **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 06/28/2004

Date Investigation Completed: 07/22/2004

Subject Area(s)

LICENSED CAPACITY /CLASS OF LICENSE
ADMISSION, TRANSFER & DISCHARGE

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

NOT RECORDED
NOT RECORDED

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